

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Horizons Living and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 29 Maurice Drive Brunswick, ME 04011	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51331</p> <p>Based on interviews and record review, the facility failed to ensure accommodations were made for a resident, to include the facility's bathing schedule and resident preferences for 1 of 1 resident reviewed for activities of daily living (Resident #24).</p> <p>Findings</p> <p>On 8/26/24 at 8:20 a.m. and again on 8/27/24 at 7:55 a.m. during interviews, Resident #24 stated he/she had not received a shower in seven days and prefers to be bathed in the morning two times a week. Resident #24 stated he/she has informed the Certified Nurses Aide (CNA), a Registered Nurse, and the Nurse Practitioner of his/her preferences on multiple occasions.</p> <p>On 8/26/24 at 12:46 p.m., observation of the Stowes Unit weekly shower schedule dated 5/2/24 indicated Resident #24 was to receive a shower Wednesday evenings. At this time during a brief interview, CNA #11 stated, the posted shower schedule was incorrect, and she follows the daily CNA schedule, which has the showers to be completed for that shift highlighted. She confirmed Resident #24 does not receive showers twice weekly.</p> <p>On 8/27/24 review of CNA bathing documentation stated Resident #24 received showers on 8/7/24 and 8/14/24 with the last shower documented on 8/18/24 on the evening shift. The admission [NAME] data set dated [DATE] under section F preferences for customary routine and activities states it is important for him/her to choose their bathing options.</p> <p>On 8/27/24 the Staffing and Transport Coordinator provided the updated Stowes Unit weekly shower schedule, which states Resident #24 receives showers on Thursday evenings once a week.</p> <p>On 8/28/24 at 2:15 p.m., the above information was discussed with the Administrator and Director of Nursing.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0585</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51331</p> <p>Based on interviews and record review the facility failed to develop and implement a grievance policy which includes the resident's rights to a grievance, how to file and/or access grievance forms including anonymously and the response or resolution to grievances.</p> <p>Findings:</p> <p>On 8/27/24 at 1:30 p.m. during an interview with resident council members. Residents #32, #35, and #40 were unaware that they could file a grievance, how to make a formal grievance, or that a grievance could be filed anonymously. Resident #32 stated on each unit there is a box where he/she believes a resident can make a complaint. He/she stated the box on the [NAME] Unit is behind the medication cart, inaccessible and too high for residents to reach in wheelchairs.</p> <p>On 8/27/24 observation of the comment and suggestion boxes on all three units ([NAME], [NAME], and [NAME]) are inaccessible for residents in wheelchairs, in addition [NAME]'s comment and suggestions box was located behind the medication cart.</p> <p>On 8/26/24 at 1:50 p.m., during an interview, the Director of Social Services stated the facility does not have a formal grievance process/policy or have forms accessible to residents.</p> <p>On 8/26/24 at 2:22 p.m., during an interview, the Administrator stated the facility has no grievance policy or procedure in place and residents are to come to him with concerns, and he will determine if the concern/complaint is a grievance.</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on record review and interview, the facility failed to notify the resident, family and/or the resident's representative in writing of the transfers/discharge to an acute care hospital for 5 of 6 residents sampled for hospitalization s (Residents #7, #108, #31, #28 and #35).</p> <p>Findings:</p> <p>1. Documentation in Resident #7's clinical record indicated that the resident was transferred to the hospital on 3/2/24 and 4/7/24 and subsequently admitted . The clinical record lacked evidence that Resident #7 and/or the resident representative were provided with written transfer/discharge notices upon either transfer.</p> <p>37015</p> <p>2. Documentation in Resident #108's clinical record indicated that the resident was transferred to the hospital on 8/23/24 and returned on 8/24/24. The clinical record lacked evidence that Resident #108 and/or the resident representative were provided with written transfer/discharge notices upon transfer.</p> <p>On 8/26/24 at 2:34 p.m., in an interview with a surveyor, the nurse manager of the [NAME] Unit stated the nurses do not send the notices with the resident at the time of transfer.</p> <p>On 8/26/24 at 2:40 p.m., in an interview with a surveyor, the Admissions Director stated once a resident is admitted to the hospital, he/she or the facility's social worker, will send the notices to the resident's family. The notices are not sent for residents who are not admitted to the hospital. The Admissions Director confirmed that Resident #108 was not provided with a transfer/discharge notice.</p> <p>44049</p> <p>3. Documentation in Resident #31 clinical record indicated that resident was transferred to the hospital on 8/19/24 and 8/21/24 and admitted for overnight observation and treatment. The clinical record lacked evidence that Resident #31 and/or the resident representative were provided with written transfer/discharge notices upon either transfer.</p> <p>48648</p> <p>4. Documentation in Resident #28's clinical record indicated that the resident was transferred to the hospital on 5/1/24 and 6/24/24 and subsequently admitted . The clinical record lacked evidence that Resident #28 and/or the resident representative were provided with written transfer/discharge notices upon either transfer.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. Documentation in Resident #35's clinical record indicated that the resident was transferred to the hospital on 1/12/23, 10/29/23 and 4/7/24 and subsequently admitted . The clinical record lacked evidence that Resident #35 and/or the resident representative were provided with written transfer/discharge notices with all three transfers.</p> <p>On 8/27/24 at 9:05 a.m. during an interview, the Admissions Director confirmed the above residents and/or the resident representative were not provided with written transfer/discharge notices upon transfers.</p>		

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<p>F 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>37648</p> <p>Based on record review and interview, the facility failed to issue a bed hold notice which included the daily bed hold cost, to a resident, known family member and/or legal representative for 5 of 6 sampled residents who had been transferred to the hospital ((Residents #7, #108, #31, #28 and #35).</p> <p>Findings:</p> <p>1. Resident #7's clinical record revealed the resident was transferred to an acute care hospital on 3/2/24 and 4/7/24 and subsequently admitted . The clinical record lacked evidence that Resident #7 and/or the resident representative were provided with a written bed hold notices upon either transfer.</p> <p>37015</p> <p>2. Resident #108's clinical record revealed that the resident was transferred to the hospital on 8/23/24 and returned on 8/24/24. The clinical record lacked evidence that Resident #108 and/or the resident representative were provided with a written bed hold notice upon transfer.</p> <p>44049</p> <p>3. Resident 31's clinical record revealed the resident was transferred to an acute care hospital on 8/19/24 and 8/21/24 and admitted . The clinical record lacked evidence that Resident #31 and/or the resident representative were provided with a written bed hold notices upon either transfer.</p> <p>48648</p> <p>4. Resident #28's clinical record revealed the resident was transferred to an acute care hospital on 5/1/24 and 6/24/24 and subsequently admitted . The clinical record lacked evidence that Resident #28 and/or the resident representative were provided with a written bed hold notices upon either transfer</p> <p>5. Resident #35's clinical record reveals the resident was transferred to an acute care hospital on 1/12/23, 10/29/23 and 4/7/24 and subsequently admitted . The clinical record lacked evidence that Resident #35 and/or resident representative were provided with a written bed hold notices upon all three transfers.</p> <p>On 8/27/24 at 9:05 a.m. during an interview, the Admissions Director confirmed the above residents and/or resident representative were provided with a written bed hold notices upon transfers.</p>

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on interviews and record reviews the facility failed to ensure all facility staff maintain training in cardiopulmonary resuscitation (CPR) for Healthcare Providers, resulting in staff who are responsible for providing CPR without an active CPR certificate for 8 of 27 days reviewed. This has the potential to effect all of the residents.</p> <p>Findings:</p> <p>On [DATE] an anonymous staff member expressed concerns about facility staff not receiving education or maintaining their CPR Certification.</p> <p>On [DATE] at 2:24 p.m., during an interview, the Director of Nursing (DON) stated she herself was not CPR certified, it's not a facility requirement for staff and she does not know what staff are current with their CPR certification.</p> <p>On [DATE] at 3:20 p.m., the Administrator confirmed there are 7 of 56 residents who are Full Code and could potentially require CPR however, all residents are at risk for choking.</p> <p>A review of the facility staffing with CPR certification for the month of August had the following shifts where there were no staff available with current CPR certification:</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] evening and night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>[DATE] night shift did not have any staff who were current in their CPR certification</p> <p>The following facility Policy's and Procedures:</p> <p>> Emergency response policy, last revised [DATE] states, It is the policy of Horizons Living and Rehab Center to provide emergency care with a quick response, during a life or death situation regardless of code status. Examples of emergency may include (but are not limited to) severe bleeding and choking.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>> Finding a resident with no pulse or respiration, last revision on [DATE], instructing staff to If a resident is a full code, Call 911 and Immediately begin CPR.</p> <p>> Obstructed airway/choking episode/Heimlich Maneuver last revision on [DATE], instructing staff to establish that the victim is actually choking . immediately begin Heimlich maneuver.</p> <p>On [DATE] at 2:00 p.m., the facility provided documentation of current CPR certifications for 4 of 14 Registered Nurses, 2 of 12 Licensed Practical Nurses and 7 of 51 Certified Nurses Aids. The above was confirmed with both the Administrator and the Director of Nursing who stated going forward there would be a CPR certified staff on every shift while other staff are obtaining their certification.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>48648</p> <p>Based on interviews and record reviews, the facility failed to provide follow up care for 1 of 1 resident reviewed with a pacemaker. (Resident #11)</p> <p>Finding:</p> <p>Review of the admission Minimum Data Set (MDS) assessment completed on 12/6/23 noted he/she had an implanted pacemaker listed under diagnosis. A further review of the Electronic Medical Record (EMR) lacked any details about the implanted pacemaker or facility follow and/or monitoring of the pacemaker's functioning. The care plan instructed the Registered Nurse (RN) to monitor/document/report a pulse rate lower than programmed rate. The programmed rate was not located in the EMR.</p> <p>On 8/27/24 at 1:04 p.m. during an interview, the Licensed Practical Nurse #1 confirmed she did not know Resident #11 had a pacemaker.</p> <p>On 8/27/24 at 2:00 p.m. during an interview, the RN #2 stated anyone with a pacemaker would be followed by cardiology. RN #2 was unable to provide documentation on Resident #11's pacemaker programmed rate, if his/her pacemaker checks had been completed and if he/she was seen or followed by a cardiologist since admission on 12/6/23.</p> <p>On 8/28/24 at 9:45 a.m., during an interview, the Director of Nursing confirmed the standard of care for a pacemaker was not met for Resident #11.</p>

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>51331</p> <p>Based on review of annual evaluations and interviews, the facility failed to complete a annual performance evaluation for Certified Nursing Assistants (CNA) at least every 12 months, for 5 of 5 CNA's reviewed with employment greater than 1 year (CNA #12, CNA #13, CNA #14, CNA #15, CNA #16).</p> <p>Findings:</p> <p>On 8/28/24, a surveyor reviewed the following employee files:</p> <ol style="list-style-type: none"> 1. CNA #12 was hired on 8/19/2020. The employee file lacked evidence of an annual review being completed since date of hire. 2. CNA #13 was hired on 8/4/2021. The employee file lacked evidence of an annual review being completed since date of hire. 3. CNA #14 was hired on 8/10/2022. The employee file lacked evidence of an annual review being completed since date of hire. 4. CNA #15 was hired on 9/16/2021. The employee file lacked evidence of an annual review being completed since date of hire. 5. CNA #16 was hired on 7/29/2020. The employee file lacked evidence of an annual review being completed since date of hire. <p>On 8/28/24 at 12:30 p.m., during an interview, the Director of Nursing confirmed that the annual performance review for 5 of 5 employees had not been completed since their date of hire.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44049</p> <p>Based on observations and interviews, the facility failed to serve and store food in a sanitary manner during 1 of 1 observations of the refrigerator in the main dining room.</p> <p>Finding:</p> <p>On 8/26/24 at 12:20 p.m., observaton of the main dining room refrigerator lacked documentation of temperature monitoring and a very large amount of a red fluid covered the bottom of the freezer. At this time, the food service manager confirmed the observation.</p>

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on the cumulative effect of deficiencies cited during the recertification survey from [DATE] through [DATE], the facility was not administered in a manner that enabled residents to attain or maintain their highest practicable well-being as evidenced by Federal findings listed under 483.10- Resident rights (F558, F585); 483.15- Resident Notification (F623, F625); 483.24- Quality of Life (F678); 483.25- Quality of Care (F684); 483.35- Nursing Services (F726, F730, T206); 483.60- Food Safety (F812) and 483.95- Training Requirements (F940, F947). These failures to assure a process was in place to monitor staff development and resident care resulted in the facility failing to assist residents to maintain their highest functional and practicable well-being and has the potential to affect all 56 residents. In addition, the Administration failed to follow the Facility Assessment ensuring staff education/training and competencies were completed and failed to ensure policies and procedures were reviewed and updated annually.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Based on interviews and record review, the facility failed to ensure that accommodations were made for a resident, to include the facilities bathing schedule and resident preferences for 1 of 1 resident reviewed for activities of daily living (Resident #24). (F558) 2. Based on interviews and record review the facility failed to develop and implement a grievance policy which includes the resident's rights to a grievance, how to file and/or access grievance forms including anonymously and the response or resolution to grievances. (F565) 3. Based on record review and interview, the facility failed to notify the resident, family and/or the resident's representative in writing of the transfers/discharge to an acute care hospital for 5 of 6 residents sampled for hospitalization s (Residents #7, #108, #31, #28 and #35). (F623) 4. Based on record review and interview, the facility failed to issue a bed hold notice which included the daily bed hold cost, to a resident, known family member and/or legal representative for 5 of 6 sampled residents who had been transferred to the hospital ((Residents #7, #108, #31, #28 and #35). (F625) 5. Based on interviews and record reviews the facility failed to ensure all facility staff maintain training in cardiopulmonary resuscitation (CPR) for Healthcare Providers, resulting in staff who are responsible for providing CPR without an active CPR certificate for 8 of 27 days reviewed. (F678) 6. Based on interviews and record reviews, the facility failed to provide follow up care for 1 of 1 resident reviewed with a pacemaker (Resident #11). (F684) 7. Based on observations, interviews and record reviews, the facility failed to ensure that staff maintained the appropriate competency and skill required to provide Cardio-Pulmonary Resuscitation (CPR) for 11 of 12 newly hired nursing staff reviewed. This has the potential to effect 7 residents in the facility that maintained a Full Code status. (F726) <p>(continued on next page)</p>		

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Based on review of annual evaluations and interviews, the facility failed to complete an annual performance evaluation for Certified Nursing Assistants (CNA) at least every 12 months, for 5 of 5 CNA's reviewed with employment greater than 1 year (CNA #12, CNA #13, CNA #14, CNA #15, CNA #16). (F730)</p> <p>9. Based on record reviews and interviews, the facility failed to ensure nursing policy & procedure were in place, to develop and implement continuing education for nursing staff, evaluate nurse competencies and develop and maintain a job description for each level of nursing personnel. (T206)</p> <p>10. Based on observations and interviews, the facility failed to serve and store food in a sanitary manner during 1 of 1 observations of the refrigerator in the main dining room. (F812)</p> <p>11. Based on interview and employee personnel record reviews, the facility failed to implement and maintain effective training programs for nursing staff in the areas of cardiopulmonary resuscitation (CPR), nursing competencies, dementia care, resident rights and the required 12 hours of annual in-service education training for Certified Nurses Aid (CNA) for 11 of 12 newly hired nursing staff reviewed and 4 of 5 randomly selected CNAs employed greater than 1 year. (F940)</p> <p>12. Based on Certified Nursing Assistant (CNA) employee education record review and interview, the facility failed to monitor and ensure that the CNA attended the required 12 hours of annual in-service education training and the mandatory yearly trainings for dementia care and resident rights for 4 of 5 randomly selected CNAs employed greater than 1 year (CNA #13, CNA #14, CNA #15, CNA #16). (F947)</p> <p>13. Review of the Facility Assessment, revised on [DATE] states The facility assessment collects information about the facilities resident population to identify the number of resident; facility capacity; the care required; staff competencies . the facilities resources are identified and evaluated to ensure that care can be provided to meet residents needs during the day-to-day operations.</p> <p>Under section, Staff education, Training and Competencies states, every position has a job description that identifies the required education and credentials for the specific job. All credentials in education are verified before hiring . competencies are based on current standards of practice and may include knowledge and a test, knowledge and a return demonstration and observed ability, knowledge and observed behavior in an annual performance evaluation. Competencies are based on the care and services needed by the resident population.</p> <p>Under section, Policies and Procedures for the Provision of Care states, Policy and procedures are reviewed and updated at least annually and as needed with the introduction of new resident care needs, new technology or equipment or a change in the physical plant or environmental hazards. Creation of new policies/revision of existing policies will be done in consultation with the regulatory view in resident needs.</p> <p>On [DATE] at 11:42 a.m., during an interview, the Administrator and the Director of Nursing confirmed the facility had never developed or implemented a skills fair or competencies for the nursing staff neither upon hire or annually. In addition, the Director of Nursing confirmed the lack of job descriptions and was unable to provide job descriptions for the following staff: Registered Nurses, Licensed Practical Nurses, Certified Nurses Aid and Certified Medication Technician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
NAME OF PROVIDER OR SUPPLIER Horizons Living and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 29 Maurice Drive Brunswick, ME 04011	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of the following policies, contained the following:</p> <ul style="list-style-type: none"> > Emergency Response, was last revised [DATE]. > Obstructed airway/choking episode/Heimlich Maneuver was last revised on [DATE]. In addition, the policy does not reflect the need for Basic Life Support / Cardiopulmonary Resuscitation (CPR) training for staff. > Finding a resident with no pulse or respiration, was last revised on [DATE] and instructs staff to confirm the resident code status by visualizing a [NAME] dot on the resident's chart binder indicating the resident is a FULL CODE and No dot indicates resident is a DNR (Do Not Resuscitate). The policy does not reflect the need for CPR training and/or maintaining a CPR certificate. On [DATE] upon entrance to the facility, the Administrator stated there were no longer any hard charts for the residents, all the resident's records are now in an Electronic Medical Record form (online). <p>On [DATE] at 2:22 p.m., during an interview, the Administrator confirmed the facility did not have a grievance policy or procedure in place.</p>

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37648</p> <p>Based on interview and employee personnel record reviews, the facility failed to implement and maintain effective training programs for nursing staff in the areas of cardiopulmonary resuscitation (CPR), nursing competencies, dementia care, resident rights and the required 12 hours of annual in-service education training for Certified Nurses Aid (CNA) for 11 of 12 newly hired nursing staff reviewed and 4 of 5 randomly selected CNAs employed greater than 1 year.</p> <p>Findings:</p> <p>Review of the Facility Assessment, revised on [DATE] under section, Staff education, Training and Competencies states, every position has a job description that identifies the required education and credentials for the specific job. All credentials in education are verified before hiring. All employees are trained in the following topics upon hire and annually: Resident rights and Dementia and dealing with difficult behaviors and competencies are based on current standards of practice and may include knowledge and a test, knowledge and a return demonstration and observed ability, knowledge and observed behavior in an annual performance evaluation. Competencies are based on the care and services needed by the resident population.</p> <p>1. On [DATE] at 2:24 p.m., during an interview, the Director of Nursing (DON) stated she herself was not CPR certified and the facility does not require a CPR certification for staff. On [DATE] at 2:00 p.m., the facility was only able to provide documentation of current CPR certifications for 4 of 14 Registered Nurses, 2 of 12 Licensed Practical Nurses and 7 of 51 Certified Nurses Aids.</p> <p>2. On [DATE] at 11:42 a.m., during an interview, the Administrator and the Director of Nursing stated the facility had never developed or implemented a skills fair or competencies for the nursing staff neither upon hire nor annually.</p> <p>3. On [DATE], review of CNA #13, CNA #14, CNA #15 and CNA #16 employee education files lacked dementia and/or resident rights education as well as 12 required hours for continuing education yearly.</p> <p>On [DATE] at approx. 2:15 p.m., the above was discussed with the Administrator and Director of Nursing</p>

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NAME OF PROVIDER OR SUPPLIER Horizons Living and Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 29 Maurice Drive Brunswick, ME 04011	
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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>51331</p> <p>Based on Certified Nursing Assistant (CNA) employee education record review and interview, the facility failed to monitor and ensure that the CNA attended the required 12 hours of annual in-service education training and the mandatory yearly trainings for dementia care and resident rights for 4 of 5 randomly selected CNAs employed greater than 1 year (CNA #13, CNA #14, CNA #15, CNA #16).</p> <p>Findings</p> <p>On 8/28/24, a surveyor reviewed the following employee education files:</p> <ol style="list-style-type: none"> 1. CNA #13 was hired 8/4/21. Review of CNA #13 Employee In-service/attendance Records lacked evidence of dementia and resident rights training. In addition, she has 7.5 of the 12 hours required for continuing education for the year of 2023. 2. CNA #14 was hired 8/10/22. Review of CNA #14 Employee In-service/attendance Records lacked evidence of dementia training. In addition, she has 9 of the 12 hours required for continuing education of the year 2023. 3. CNA #15 was hired 9/16/21. Review of CNA #15 Employee In-service/attendance Records lacked evidence of dementia training and resident rights training. In addition, she has 11 of the 12 hours required for continuing education of the year 2023. 4. CNA #16 was hired 7/29/20. Review of CNA #16 Employee In-service/attendance Records lacked evidence of resident rights training. In addition, she has 5.5 of the 12 hours required for continuing education of the year 2023. <p>On 8/28/24 at 12:30 p.m., in a interview, the Director of Nursing confirmed the above findings.</p>		